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ABSTRACT

To improve the quality of life of institutionalized individuals, libraries can serve as a constructive escape mechanism for dealing with stress, a representation of external reality, and a therapeutic agent, in addition to offering bibliotherapy. Ideally, the library should be an integral part of the institution and provide a user-appropriate setting and therapeutic environment. Although developmentally disabled individuals have been defined by levels of Intelligence Quotient tests, the librarian must know each individual to make the most of his or her potential. The selection of materials for these individuals should be based on simplicity of format, clear directions, durability, appropriateness, and ability, and they should be available in various forms such as visual aids, books, recorded music, and realia. If the librarian is to be an effective member of the therapeutic team, he or she needs to be sensitive, objective, flexible, and ready to communicate with and treat each person without prejudice or stereotyping. Trends toward mainstreaming and the recognition of patients' rights to information and treatment confirm the importance of the library's role in the institutional program. Twelve sources are included. (EBF)

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LIBRARY SERVICES IN INSTITUTIONS FOR MENTALLY AND DEVELOPMENTALLY DISABLED ADULTS

by

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LIBRARY SERVICES IN INSTITUTIONS FOR MENTALLY
AND DEVELOPMENTALLY DISABLED ADULTS

Interest in library services to the institutionalized is a relatively recent development; only since the sixties have such services been discussed in the library literature. The Library Services and Construction Act, Titles IVa and IVb, enacted in 1966, extended state library services to state institutions and to the blind and physically disabled. This ushered in, among other things, an attempt at improving institution library services. As Linda Lucas recently noted, however, "Library service to dependent adults is still in a stage of experimentation and exploration."[1] In 1977, there were 189,000 residents in psychiatric hospitals, and in 1978 there were 151,324 residents in public facilities for the developmentally disabled, yet only recently has much-needed work on standards for the disabled and the institutionalized been done by the American Library Association, the Medical Library Association, and the American Correctional Association.[2] The American Library Association initiated "Standards for Library Services in Mental Health Institutions" in 1977 and completed "Standards for Library Services in Institutions for the Mentally Retarded" in 1978.

Even in such a comparatively short time, quite a few changes have taken place in the role of the library in the mental institution, reflecting changes in the world of psychology and in society as a whole. Library services in institutions for mentally and developmentally disabled adults though presently in a state of transition, can play an important part in the lives of institution-

[1]Linda Lucas, "Library Service to Institutionalized and Disabled Adults," RQ 18 (Spring 1979):252.

[2]U.S. Bureau of the Census, Statistical Abstract of the United States: 1979 (Washington, D.C.: Government Printing Office, 1979), pp. 117-8.

alized individuals.

The Library's Role

The library can play an important role in the institution. As David Wineman noted, any institutionalization entails a captor-captive relationship which jeopardizes the humanity of both parties.[3] The library must do its utmost to ameliorate this situation and, if indicated, help to return institutionalized individuals to society's mainstream.

The library, of course, has its usual role of providing information to the institutionalized; this is even more important, however, in an isolated world where the library may be the only source of information. The importance of this is not always seen by the institutional administration--library use is often regarded as an "extra," hours are set for the staff's convenience, library access is often seen as expendable when something else comes up, and withdrawal of library privileges is often used as punishment.

The institutional library also can serve two other important roles. In institutions that emphasize conformity and tend to be impersonal, the library can provide some measure of freedom; it can serve as a haven, providing relaxation and enjoyment. In this area, the library can serve as a constructive escape mechanism for those individuals who need to learn how to deal with stress.[4] The library also serves as a representation of external reality. Individuals can learn more about how to deal with the outside world in an acceptable way, or they can be treated in such a way as to make them decide that the outside world is not worth the trouble--the outcome depends on the library. As Lethene Parks notes:

> The neutral, nonthreatening aspect of the institution library--its familiar and normal atmosphere--can in itself be a therapeutic factor.

[3]David Wineman, "The Effects of the Institution on the Person," ALA Bulletin 3 (September 1969):1088.

[4]Fritz Redl, "What We Can Do for Them Right Now," in "The Furious Children and the Library," Top of the News 16 (October 1960):62.

> It helps the library, perhaps more than any other activity within the institution, to become a bridge to the larger world outside.[5]

The library should ideally be an integral part of the institution. It should have the status of a department. The library can maintain close connections with the rest of the institution by consulting an advisory group including non-library staff and residents and by having the librarian serve on institution committees. This ideal situation is not widespread, and the ideal physical environment is not often found either. The library should provide user-appropriate settings and a therapeutic environment; it should be functional, comfortable, and of a size and layout appropriate to the clientele. Institutional libraries are, in fact, apt to be cramped, badly located, shabby, and unsuited to their function.

The institution library carries on much the same types of activities as other kinds of libraries do--selection, classification, circulation, reference. Library policies in these areas should be adapted to the particular clientele. Reference, for example, would probably be done on a limited, informal basis. Classification of items could be done with broad subject categories, perhaps using color coding or symbols, with an emphasis on subject instead of format arrangement (except possibly for live animals.) Circulation policies should be, above all, flexible, and take the individual user's needs into account.[6] Flexibility is, in fact, needed in all institutional library policies.

All these factors play a part in the role the library has in the institution. The most important determinant of what the library will be, however, is the librarian.

The Librarian's Role

The librarian in an institution for the mentally or developmentally dis-

[5]Lethene Parks, "The Library in the Institution," Library Trends 26 (Winter 1978):336.

[6]Lois Hinseth, "Materials and Collections," Library Trends 26 (Winter 1978): 403.

abled is often actively involved in attempting to change users' behavior in important ways; that is, he or she is part of the therapeutic team that is attempting to lead the institution resident to as close an approximation as possible of what psychology and society consider to be normalcy. Increasingly, this involves deinstitutionalizing the individual and returning him or her to the mainstream of society, if possible. As Lois Hinseth notes, this will probably increase the complexity of the librarian's workload, as the more severely disabled remain in the institution.[7]

The librarian in a mental institution must have education and experience in librarianship and psychology. He or she must be sensitive, objective, and flexible, ready to give and communi ate. Above all, there must be the ability and readiness to see each person as an individual, without prejudice or stereotyping. The librarian is dealing with dependent adults, who are usually lonely and depressed, with little privacy and little mastery over their own lives. In a society that continues to stigmatize mental and developmental disabilities, these adults tend to have very negative self-images. The librarian must help with users' problems and help to encourage self-direction and greater self-worth.[8]

In recent years there has been much conflict over the librarian's role in providing information to patients--does the librarian serve the doctor or the patient primarily? There is no easy answer to this for all cases; in day-to-day practice, Lois Hinseth recommends compromise--be sure the staff understands that up to a point, the patient's rights must be recognized, and be sure that patients understand that beyond a certain point, the staff must be consulted.[9] The "point" would be determined by the librarian's judgment. Whatever policy is followed in this controversial area, the most important thing is that the policy is clear to

[7]Ibid., p. 398.

[8]Lucas, "Institutionalized and Disabled Adults," p. 253.

[9]Hinseth, "Materials," p. 406.

both staff and users.

Developmentally Disabled Adults

Developmental disability has been defined as "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period."[10] In practice, the diagnosis of disability and its level is made on the basis of Intelligence Quotient tests--the Stanford-Binet test and the Wechsler Adult Intelligence Scale. An I.Q. of 52 to 56 indicates mild disability, 36 to 51 indicates moderate disability, 20 to 35 indicates severe disability, and below 20 indicates profound disability. The developmentally disabled found in institutions are classified for treatment purposes by their supposed abilities as indicated by their I.Q.'s. Those with I.Q.'s of 50 to 75 are considered to be educable--that is, they can often learn to read and write and hold unskilled or semi-skilled jobs. Those with I.Q.'s of 25 to 49 are considered trainable; they can be taught to care for themselves, acquire "acceptable social skills," and hold unskilled, "sheltered" jobs. The custodial group of the disabled have I.Q.'s of below 25 and must be cared for extensively and are almost always institutionalized. It cannot be overemphasized, however, that the librarian must not consider these diagnoses to be sacred. The tests used to determine I.Q. are not always accurate, and, in any case, individual differences must be considered. To completely ignore an individual's possibilities because of a low test score is criminal. The librarian must know each person individually and help to make the most of all of his or her potential.

In selecting materials for the developmentally disabled, the librarian must keep in mind the goals of returning educable and trainable individuals to society and enhancing the capabilities of custodial individuals. There are several cri-

[10]Eleanor Phinney, ed., The Librarian and the Patient (Chicago: American Library Association, 1977), p. 63.

teria that can be used for selection of materials: simplicity of format, clear directions, durability, appropriateness, and ability level. Many different media formats are absolutely necessary for use by the developmentally disabled. Images of everyday life and the outside world can be brought to educable and trainable persons in many different ways. Books with simple vocabulary at an adult (not childrens') interest level are best for educable persons; depictions of work situations and socially acceptable habits are helpful. For trainable people, literature with many pictures and little text, reflecting everyday themes, is suitable. Recorded music can be used with the developmentally disabled to assist with singing sessions in which they can use, listen to, and learn words, be introduced to new concepts, and learn rhythm. They may be able to learn simple tunes on such instruments as drums and cymbals. All varieties of visual aids--slides, films, filmstrips, videotapes--are valuable in serving educable and trainable people. These materials should be uncomplicated and fairly short. Films may not be well suited, however, for trainable persons; they are usually too fast and complicated for them. Realia are also important, especially to custodial individuals, who need to learn sensory and handling skills. Especially suitable for them are flannel boards, peg-boards, puppets, simple puzzles, paper to cut out, and durable toys. Small live animals can also form a valuable part of the collection. As Gerald Bramley notes, the library should "collect and disseminate anything which supports the educational and rehabilitation programme;" the possibilities are almost limitless.[11]

Mentally Disabled Adults

The mentally disabled person has a deprivation of intellectual or emotional capacity or fitness.[12] The present trend is to simply consider the person

[11]Gerald Bramley, Outreach: Library Services for the Institutionalized, the Elderly, and the Physically Handicapped (Hamden, Conn.: Linnet Books, 1978) p. 206.

[12]Moya M. Duplica, "The Users of Institution Libraries," Library Trends 26 (Winter 1978):309.

ill for a certain period of his or her life. After identifying the goals and needs of the disabled person, the librarian can use library materials and techniques as therapeutic agents. Different people obviously have varying needs--for example, the person institutionalized for the first time will be dealing with a greater shock than that of the person who has been institutionalized before. Above all, the librarian must work to improve the quality of life of institutionalized mentally disabled people and, if possible, to return them to society.

The library itself can be a therapeutic agent in various ways. Access to the library can be an encouragement to the patient to leave the ward. Selecting items in the library can be a non-anxiety-causing form of making choices, something which the mentally disabled are urged to do. The patient's physician should be consulted, however, if the chosen material would probably be very depressing or alarming. Patients may be assigned to work in the library. The librarian must first assess the person's ability to cope, then may assign more complex and diverse duties, always respecting the person's need for status. Changes for better or worse, unexpected reactions, and work performance should be reported to the patient's physician.[13] The librarian should ideally be involved in planning each individual's treatment program and can suggest ways in which the library can be useful.

The selection policy for the mentally disabled residents' library should be based on therapeutic goals; it should recognize patients' rights and also take institution policy and philosophy into account. Lois Hinseth says the library should be comparable in materials to a small public library branch.[14] There should be more emphasis, however, on legal materials, remedial education materials, and materials like those used for the developmentally disabled, than on light and soothing fiction or inspirational nonfiction. As is noted, though, in The Libra-

[13]Phinney, Patient, p. 196.

[14]Hinseth, "Materials," p. 396.

rian and the Patient:

> The lines between recreational, rehabilitative, and educational (including informational) needs are not easily drawn, nor is it necessary that they be sharply differentiated when the steps which the patients' library can take to meet them are under discussion.[15]

The important consideration is the therapeutic needs of users.

One service that can be offered with the aid of the librarian to mentally disabled patients is bibliotherapy, a possibly useful adjunct to other forms of psychotherapy. Bibliotherapy has been defined as "a program of activity based on the interactive processes of media and the people who use it."[16] There are several different methods that can be used in bibliotherapy, which can be led by a doctor or by a therapeutic team which includes a librarian. The most common form is the bibliotherapy group which reads and/or writes something assigned, then discusses the experience. Occasionally a doctor may assign some therapeutic material to an individual patient--another form of bibliotherapy. Bibliotherapy offers several possible benefits: the individual may be able to talk about his or her problems more easily because of the nonthreatening atmosphere provided by talking about media characters; bibliotherapy can also enlarge the sphere of interest and spark the imagination, among other things. The librarian can play an important role in bibliotherapy; he or she, through knowledge of various media, can help the doctor to choose appropriate material--the best medium and subject for the situation. The librarian involved with bibliotherapy must know the client, the problem, the library resources, and how to work with a team. Although only a supplementary form of psychotherapy, bibliotherapy can be useful to the mentally disabled adult.

Conclusion

Library service in institutions for mentally and developmentally disabled

[15]Phinney, Patient, p. 87.

[16]R.J. Rubin, "Uses of Bibliotherapy in Response to the 1970's," Library Trends 28 (Fall 1979):242.

adults is still far from consistent and far from the ideal presented here. In the last decade, two extremely important trends that affect institutions have developed: the trend towards mainstreaming, leaving only the more severely disabled in institutions, and the trend towards recognition of patients' rights--to information and to treatment, as exemplified by the case of Wyatt vs. Stickney. Both of these trends have profound implications for institution librarians, and they must be prepared for the consequences. These things must be dealt with, along with current problems. The library can play a vital role in the institution despite the challenges that still must be met.

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